

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

7662

62-028612

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED AUG 13 1962

1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Length of stay in 1b 30 days		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Little Rock Hosp. Inc.		d. STREET ADDRESS (If outside, give location) 3915 A Russell	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Durwood Middle Hines Last Estess		4. DATE OF DEATH Month August Day 5 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-24-1917
9. AGE (last birthday) 44		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Yard Clerk		10b. KIND OF BUSINESS OR INDUSTRY Railroad	
11. BIRTHPLACE (City and state or country) LOUISIANA		12. CITIZEN OF WHAT COUNTRY U-S-A	
13a. FATHER'S NAME EDWARD ESTESS		13b. MOTHER'S MAIDEN NAME LETHA FISCHER	
14. NAME OF HUSBAND OR WIFE Anna Mae Estess		Address	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR 2		16. SOCIAL SECURITY NO. ANNA ESTESS 3915² RUSSELL	
17. INFORMANT ANNA ESTESS 3915² RUSSELL		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ketulinan Cell Sarcoma		INTERVAL BETWEEN ONSET AND DEATH 3 mo.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 200.0		DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from July 6, 1962 to August 5, 1962 and last saw him alive on August 5, 1962		Death occurred at 8:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Inscribed or file) [Signature]		22b. ADDRESS 1755 South Grand Blvd.	
22c. DATE SIGNED 8-5-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE AUG. 8 1962	23c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.	23d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.
24. FUNERAL DIRECTOR Kutia Funeral Home-	ADDRESS 2906 Gravois Ave.	25. DATE RECD. BY LOCAL REG. AUG 6 1962	26. REGISTRAR'S SIGNATURE [Signature]

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Funeral Director

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

8-16-62

Never married

Married

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VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Eleana Bourne

Licensed Embalmer No.

3403

P. O. Address

2906 Groves

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.